

**UNITED STATES DISTRICT COURT - DISTRICT OF NEBRASKA**  
(DISTRICT COURT, PRETRIAL, PROBATION)

**LANGUAGE-SKILLED INTERPRETERS**  
**STATEMENT OF SERVICES**

**INTERPRETER NAME** \_\_\_\_\_ **INVOICE NUMBER** \_\_\_\_\_  
**FIRM NAME (Payee if different)** \_\_\_\_\_ **PURCHASE ORDER NUMBER** \_\_\_\_\_  
**MAILING ADDRESS** \_\_\_\_\_ **SOC SEC/TAX ID (Payee)** \_\_\_\_\_  
**CITY, STATE, ZIP** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_  
**PHONE** \_\_\_\_\_

**LANGUAGE** \_\_\_\_\_ **DATE** \_\_\_\_\_ **TIME (from)** \_\_\_\_\_ **(to)** \_\_\_\_\_ **HOURS** \_\_\_\_\_  
**CASE NUMBER(s)** \_\_\_\_\_ **DEFENDANT(s)** \_\_\_\_\_  
**TYPE OF PROCEEDING** \_\_\_\_\_ **JUDGE** \_\_\_\_\_  
**COURT UNIT** \_\_\_\_\_  
(i.e., Pretrial, Probation, District Court)

**Note:** Interpreting fees are cumulative. Therefore, only one fee (half-day or daily rate will be paid, even though the interpreter may have worked for more than one officer or court unit in a single day.

**Did you interpret for another case/proceeding during the day?** Yes \_\_\_\_\_ No \_\_\_\_\_ **If so, please provide the following information:**

Court Unit \_\_\_\_\_ Defendant Name \_\_\_\_\_ Case Number \_\_\_\_\_ Time (from) \_\_\_\_\_ (to) \_\_\_\_\_ Hours \_\_\_\_\_  
Court Unit \_\_\_\_\_ Defendant Name \_\_\_\_\_ Case Number \_\_\_\_\_ Time (from) \_\_\_\_\_ (to) \_\_\_\_\_ Hours \_\_\_\_\_

**INTERPRETING FEES:**

Half Day: (4 hours or less - \$92); Daily: (more than 4 hours - \$171) **TOTAL HOURS** \_\_\_\_\_ **TOTAL FEE** \$ \_\_\_\_\_

[new rates effective 1/1/2006]

**TRAVEL EXPENSES (if applicable)**

**Parking:** \$ \_\_\_\_\_  
**Mileage:** \_\_\_\_\_ miles\* @ .445 per mile = \$ \_\_\_\_\_  
**Other:** Description: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL TRAVEL** \$ \_\_\_\_\_

**Note:** Travel expenses are authorized by the contract only if interpreter lives 30 miles or more from the court location.

**TOTAL AMOUNT CLAIMED** \$ \_\_\_\_\_

**SIGNATURE OF INTERPRETER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF OFFICER/COURT OFFICIAL** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF COURT SUPERVISOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

**MAIL or DELIVER STATEMENT TO:**

U.S. District Court - District of Nebraska  
Shared Administrative Services, Attn: Deb Wesely  
111 S. 18<sup>th</sup> Plaza, Suite 1152  
Omaha, NE 68102-1322

**Note:** Statements of Services should be submitted within 30 days of contract performance.